



“Training to Save Lives”

EMERGENCY MEDICAL RESPONDER PRACTICAL SKILLS ATTESTATION

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The signatures below attest that _____ has successfully completed all performance competencies at the Emergency Medical Responder level. This student has the requisite knowledge and skills required to access the final written exam for course completion.

This attestation is based upon the following:

- Individual skills testing
- A review of training records

The following performance competencies have been successfully completed multiple times in a variety of simulated settings with a variety of patient presentations:

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 1D1 | <input type="checkbox"/> 1E2 | <input type="checkbox"/> 1E3* | <input type="checkbox"/> 3A1.2 | <input type="checkbox"/> 3A2 | <input type="checkbox"/> 3A3 |
| <input type="checkbox"/> 3B1.1a | <input type="checkbox"/> 3B1.1b | <input type="checkbox"/> 3B2 | <input type="checkbox"/> 3C2** | <input type="checkbox"/> 3C3 | <input type="checkbox"/> 3D1*** |
| <input type="checkbox"/> 4B1 | <input type="checkbox"/> 4B2 | <input type="checkbox"/> 4B2.3 | <input type="checkbox"/> 4B3 | <input type="checkbox"/> 4B4 | <input type="checkbox"/> 4C1.1 |
| <input type="checkbox"/> 5A1.6a | <input type="checkbox"/> 5A1.6b | <input type="checkbox"/> 5A1.6c | <input type="checkbox"/> 5A1.8 | <input type="checkbox"/> 5A2.5 | <input type="checkbox"/> 5A2.6b |
| <input type="checkbox"/> 5A3 | <input type="checkbox"/> 5A4 | <input type="checkbox"/> 5A5a | <input type="checkbox"/> 5A5b | <input type="checkbox"/> 5A6 | <input type="checkbox"/> 5A7 |
| <input type="checkbox"/> 5A8 | <input type="checkbox"/> 5A9.1 | <input type="checkbox"/> 5A9.2 | <input type="checkbox"/> 5A10 | <input type="checkbox"/> 5B1.1a | <input type="checkbox"/> 5B1.1b |
| <input type="checkbox"/> 5B2 | <input type="checkbox"/> 5B3.1 | <input type="checkbox"/> 5B4 | <input type="checkbox"/> 5B5.3a | <input type="checkbox"/> 5B5.3b | <input type="checkbox"/> 5B5.3c |
| <input type="checkbox"/> 5B5.3d | <input type="checkbox"/> 5B5.3e | <input type="checkbox"/> 5B5.3f | <input type="checkbox"/> 5B6.a | <input type="checkbox"/> 5B6.b | <input type="checkbox"/> 6A1.1 |
| <input type="checkbox"/> 6A1.2 | <input type="checkbox"/> 6A1.2a | <input type="checkbox"/> 6A1.2b | <input type="checkbox"/> 6A1.3a | <input type="checkbox"/> 7A1 | <input type="checkbox"/> 7B1 |
| <input type="checkbox"/> 7D1 | <input type="checkbox"/> 8A1-5 | <input type="checkbox"/> 8B1-4 | | | |

* 1E3 is cross referenced with 4C1.2

** 3C2 is cross referenced with 5B1.a, 5B1.b

***3D1 is cross references with 5A1.8

Lead Instructor Signature

Lead Instructor Printed Name

2nd Certified Instructor Signature

2nd Certified Instructor Printed Name

Verified this _____ day of _____, _____
(day) (month) (year)

